

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12113</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>WILLIAM</u> <u>V</u> <u>ADRIAN</u> P O Box Bldg Room No if any _____ Street <u>137 IOWA AVENUE</u> City <u>BELLEVILLE</u> State <u>Illinois</u> ZIP Code + 4 <u>62220-3941</u>	4 Name file number and address of labor organization Name <u>PLUMBERS AFL CIO LOCAL 101</u> Labor Organization File Number <u>022 594</u> P O Box Building and Room Number if any _____ Street <u>137 IOWA AVENUE</u> City <u>BELLEVILLE</u> State <u>Illinois</u> ZIP Code + 4 <u>62220-3941</u>
5 Position in labor organization <u>BUSINESS MANAGER/FIN SECRETARY</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>N/A</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income <u>N/A</u> 7 b Amount \$0

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

William V Adrian

On

3/30/2006
Date

618 234 5504

Telephone Number

Name of Person Filing WILLIAM ADRIAN	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name PLUMBERS & FITTERS LOCAL 101 HEALTH&WELFARE Trade Name if any _____ P O Box Bldg Room No if any _____ Street 137 IOWA AVENUE City BELLEVILLE State Illinois ZIP Code + 4 62220-3941	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing BONA FIDE EMPLOYEE OF OFFICER RECEIVING WAGES FROM FUND 11 b Approximate dollar value of such dealing \$34 019
	12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12 b Amount <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name N/A Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment N/A
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div> \$0